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Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GLAZIER & GLAZIER & DIETRICH, P.A.
Account Number : I20050000141
Phone : (904)997-1033
Fax Number : (904)997-1733

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: drcarlson@carlsondentalgroup.com

**FLORIDA LIMITED LIABILITY CO.
Jacksonville Dental Management, LLC**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
JACKSONVILLE DENTAL MANAGEMENT, LLC**

The undersigned organizer, who is an Authorized Representative of JACKSONVILLE DENTAL MANAGEMENT, LLC (the "Company") under the Florida Revised Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of the Company is JACKSONVILLE DENTAL MANAGEMENT, LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 3750 Planters Creek Circle West, Jacksonville, Florida 32224

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent is GLAZIER, GLAZIER & DIETRICH, P.A., 8833 Perimeter Park Boulevard, Suite 1002, Jacksonville, Florida 32216.

ARTICLE IV - MANAGEMENT

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

ARTICLE V - DESIGNATION OF INITIAL MANAGER

The name and street address of the initial Manager of the Company is as follows:

Richard D. Carlson
3750 Planters Creek Circle West
Jacksonville, Florida 32224

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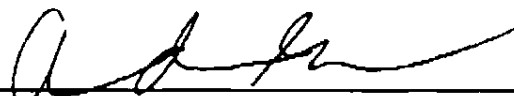
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the foregoing Articles of Organization on the 7 day of Sept, 2022.


Richard D. Carlson
An Authorized Representative

**CERTIFICATE OF ACCEPTANCE
OF REGISTERED AGENT**

The undersigned, having been named as registered agent, agrees to accept service of process for the above named limited liability company at the place designated in these Articles. The undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with, and accepts the obligations of its position as registered agent for JACKSONVILLE DENTAL MANAGEMENT, LLC as provided for in Chapter 605, F.S.

GLAZIER, GLAZIER & DIETRICH, P.A.

By: 
Name: Andrew S. Glazier
Its: Vice President
Date: 9/7/22

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